



# Savings on the Cattle Products you Trust.



Save on LONGRANGE® (eprinomectin) and other participating Merial® Brand Products, including: IVOMEc® Plus (ivermectin/clorsulon), IVOMEc (ivermectin) 1% Injection, IVOMEc Pour-On, IVOMEc Drench for Sheep, EPRINEX® (eprinomectin), ZACTRAN® (gamithromycin), CYSTORELIN® (gonadorelin diacetate tetrahydrate), SYNCHSURE™ (cloprostenol sodium) and J-VAC®. See rebate details below.

Offer valid on purchases made January 1 through December 31, 2017.

<b>LONGRANGE</b>	<b>IVOMEc Plus</b>	<b>ZACTRAN</b>	<b>CYSTORELIN</b>
500 mL ..... \$15.00	500 mL ..... \$30.00	500 mL ..... \$20.00	15 Dose Bottle.....\$1.50
250 mL ..... \$7.50		250 mL ..... \$10.00	5 Dose Bottle.....\$0.50
<b>EPRINEX Pour-On and IVOMEc Pour-On</b>	<b>IVOMEc 1% Injection</b>	100 mL ..... \$4.00	<b>SYNCHSURE</b>
5 L ..... \$20.00	500 mL ..... \$20.00	<b>J-VAC</b>	100 mL Dose Bottle..\$4.50
2.5 L ..... \$10.00	<b>IVOMEc Sheep Drench</b>	125 Dose Bottle...\$12.00	
	5 L ..... \$10.00	50 Dose Bottle.....\$4.00	

Want faster rebates? Visit [max.merial.com](http://max.merial.com)!



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

To receive your rebate, please mail the original invoice(s) or a clear photocopy, along with this original, completed coupon and proof of purchase (box tops or UPCs) to:

**MERIAL® Brands Rebate 2017**

**Offer # 16-93265**

**PO Box 54011**

**El Paso, TX 88554-0011**

Submissions must be postmarked by January 31, 2018. These rebates cannot be combined with any submissions made via the MAX, Merial Awards Xpress program.

Allow six to eight weeks for rebate. Merial reserves the right to cancel or modify this rebate at any time. Rebate requests postmarked after January 31, 2018 will not be honored. Void where prohibited by law or regulation. All federal, state and local laws and regulations apply. No substitutions or transfer of goods permitted, except at the sole discretion of the sponsor. Rebate offer valid for cattle and sheep producers only. Direct Merial customers (feedyards, large users, veterinarians and dealers) do not qualify for this rebate. Only individual original rebate certificates submitted by the producer will be accepted.

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Purchased At (Business Name): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Operation: (Check all that apply.)

\_\_\_\_ Dairy    \_\_\_\_ Cow/Calf    \_\_\_\_ Stocker    \_\_\_\_ Feedyard    Other: \_\_\_\_\_

Please indicate the size of your herd: \_\_\_\_\_ May we contact you via e-mail?    \_\_\_\_ Yes    \_\_\_\_ No

E-mail: \_\_\_\_\_

By providing your e-mail address you are agreeing to receive special offers and communications on behalf of Merial.

**After you submit your rebate, you can check the status by visiting [www.merialrebatestatus.com](http://www.merialrebatestatus.com).**

Indicate Number of Bottles Purchased				
<b>LONGRANGE®</b> (eprinomectin)	<b>IVOMEC®</b> (ivermectin) Pour-On	<b>IVOMEC 1%</b> _____ 500 mL	<b>ZACTRAN®</b> (gamithromycin)	<b>CYSTORELIN®</b> (gonadorelin diacetate tetrahydrate)
_____ 500 mL	_____ 5L		_____ 500 mL	_____ 15 doses
_____ 250 mL	_____ 2.5L	<b>IVOMEC Drench for</b>	_____ 250 mL	_____ 5 doses
		<b>Sheep</b>	_____ 100 mL	
<b>EPRINEX®</b> (eprinomectin)	<b>IVOMEC® Plus</b>	_____ 5L	<b>J-VAC®</b>	<b>SYNCHSURE™</b> (cloprostenol sodium)
_____ 5L	_____ 500 mL		_____ 125 doses	_____ 100 mL
_____ 2.5L			_____ 50 doses	